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 Date of Deposit: March 29, 2005
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PATENT APPLICATION
DOCKET NO. 200207578-1Fee
OnlyIN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S): Robert D. Christiansen GROUP ART UNIT: 2854
 SERIAL NO.: 10/654,415 EXAMINER: Chau, Minh H.
 FILED: 09/03/2003
 SUBJECT: SELECTABLE CONTROL OF RASTER IMAGE PROCESSORS

COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

SIR:

RESPONSE TO THE OFFICE ACTION MAILED DECEMBER 29, 2004

1

03/05/2005 TBELL1 8000000001 082025 10654415

S/N: 10/654,415
Case: 200207578-1
Response to Office Action

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10654415

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		minus 20 =	*
INDEPENDENT CLAIMS		minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	32905	CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		REMAINING AFTER AMENDMENT		
	Total	* 21	Minus	** 29 = ✓
	Independent	* 10	Minus	*** 6 = 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	800
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	800

AMENDMENT B		CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		REMAINING AFTER AMENDMENT		
	Total	*	Minus	** =
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
		REMAINING AFTER AMENDMENT		
	Total	*	Minus	** =
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.